

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017158

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

FILED MAY 2 1963

Primary Registration District No.

Registrar's No. 35

STATE FILE NUMBER

VS.300
Rev. 4/59

1 0860

2 08602

3

4 1

5 2

6

7 0

8 0

9 4201

10

11

12 1-2

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)

Unionville

Length of stay in 1b.

18 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Monroe Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Putnam

c. CITY

OR
TOWN Unionville

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

ADDRESS 2302 Washington St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Pearlie

Middle

Kelley

Last

Morrow

4. DATE

Month

Day

Year

OF
DEATH

April

25

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-8-1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

9 17

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Putnam County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Staggs

13b. MOTHER'S MAIDEN NAME

Nellie Deweese

14. NAME OF HUSBAND OR WIFE

Sid Morrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Cloyd Spence Unionville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

13 months

DUE TO (b)

Atherosclerosis

DUE TO (c)

Hypertension

years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Had coronary thrombosis 2 months ago

PART III: If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Mar 1-63 to April 25-63

and last saw her alive on

April 25-63

Death occurred at

3:25 A.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Unionville, Missouri

22c. DATE SIGNED

4-26-63

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 27 1963

23c. NAME OF CEMETERY OR CREMATORY

Unionville Cemetery

23d. LOCATION (City, town, or county)

Unionville, Missouri

(State)

24. FUNERAL DIRECTOR

Address

Comstock Funeral Home

By J. W. Comstock

Unionville, Mo.

25. DATE RECD. BY LOCAL REG.

4-26-63

26. REGISTRAR'S SIGNATURE

Marcell Durbin

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1963

0400
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15
00

5-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, Mo

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.